

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTSCandidate's Name Wayne H. BrownFull Address P. O. Box 205, Lucedale, MS 39452Telephone 601-583-0859 (Fax) 601-544-0227E-mail whbrown@mdot.state.ms.usOffice Sought So. Dist. Trans. Comm. Political Party Democrat☐ Check here if above is different from previous report

## TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$ 5,000.00	\$ 5,000.00
Total amount of disbursements	\$ 19,951.54	\$ 19,951.54
Total amount of cash on hand	\$ 2,082.23	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Wayne H. Brown

January 25, 2010

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

END TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee WAYNE H. BROWN  
 Reporting period January 1, 2009 through December 31, 2009

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## ITEMIZED DISBURSEMENTS

A. Full Name <u>AT &amp; T</u>		Date	Amount of each
Mailing Address	<u>P. O. BOX 105262</u>	(Mo., Day, Year)	disbursement this period
		<u>1 / 26 / 2009</u>	<u>39.58</u>
		<u>2 / 13 / 2009</u>	<u>53.47</u>
City, State, Zip Code	<u>ATLANTA, GA 30348</u>	<u>2 / 19 / 2009</u>	<u>89.78</u>
		<u>2 / 23 / 2009</u>	<u>4.97</u>
Purpose of Disbursement (Optional) <u>TELEPHONE EXPENSE</u>		Aggregate	
		Year-to-date	
B. Full Name <u>AT &amp; T</u>		Date	Amount of each
Mailing Address	<u>P. O. BOX 105262</u>	(Mo., Day, Year)	disbursement this period
		<u>3 / 16 / 2009</u>	<u>30.91</u>
		<u>3 / 26 / 2009</u>	<u>53.75</u>
City, State, Zip Code	<u>ATLANTA, GA 30348</u>	<u>4 / 20 / 2009</u>	<u>49.37</u>
		<u>4 / 23 / 2009</u>	<u>56.34</u>
Purpose of Disbursement (Optional) <u>TELEPHONE EXPENSE</u>		Aggregate	
		Year-to-date	
C. Full Name <u>AT &amp; T</u>		Date	Amount of each
Mailing Address	<u>P. O. BOX 105262</u>	(Mo., Day, Year)	disbursement this period
		<u>5 / 18 / 2009</u>	<u>31.42</u>
		<u>5 / 26 / 2009</u>	<u>53.59</u>
City, State, Zip Code	<u>ATLANTA, GA 30348</u>	<u>6 / 25 / 2009</u>	<u>90.00</u>
		<u>7 / 21 / 2009</u>	<u>31.86</u>
Purpose of Disbursement (Optional) <u>TELEPHONE EXPENSE</u>		Aggregate	
		Year-to-date	
D. Full Name <u>AT &amp; T</u>		Date	Amount of each
Mailing Address	<u>P. O. BOX 105262</u>	(Mo., Day, Year)	disbursement this period
		<u>7 / 23 / 2009</u>	<u>55.28</u>
		<u>8 / 19 / 2009</u>	<u>32.53</u>
City, State, Zip Code	<u>ATLANTA, GA 30348</u>	<u>8 / 24 / 2009</u>	<u>53.67</u>
		<u>9 / 22 / 2009</u>	<u>85.38</u>
Purpose of Disbursement (Optional) <u>TELEPHONE EXPENSE</u>		Aggregate	
		Year-to-date	
E. Full Name <u>AT &amp; T</u>		Date	Amount of each
Mailing Address	<u>P. O. BOX 105262</u>	(Mo., Day, Year)	disbursement this period
		<u>9 / 24 / 2009</u>	<u>71.12</u>
		<u>10 / 22 / 2009</u>	<u>92.63</u>
City, State, Zip Code	<u>ATLANTA, GA 30348</u>	<u>11 / 30 / 2009</u>	<u>85.17</u>
		<u>12 / 20 / 2009</u>	<u>53.48</u>
Purpose of Disbursement (Optional) <u>TELEPHONE EXPENSE</u>		Aggregate	
		Year-to-date	
F. Full Name <u>AT &amp; T</u>		Date	Amount of each
Mailing Address	<u>P. O. BOX 105262</u>	(Mo., Day, Year)	disbursement this period
		<u>12 / 22 / 2009</u>	<u>34.28</u>
		<u>/ / 2009</u>	
City, State, Zip Code	<u>ATLANTA, GA 30348</u>	<u>/ / 2009</u>	
		<u>/ / 2009</u>	
Purpose of Disbursement (Optional) <u>TELEPHONE EXPENSE</u>		Aggregate	
		Year-to-date	<u>1,148.58</u>

Name of Candidate or Committee WAYNE H. BROWNPage 2 of 5Reporting period January 1, 2009 through December 31, 2009**ITEMIZED DISBURSEMENTS**

A. Full Name <u>CELLULAR SOUTH</u>		Date	Amount of each
Mailing Address <u>P. O. BOX 519</u>		(Mo., Day, Year)	disbursement this period
		1 / 9 / 2009	63.36
		2 / 19 / 2009	75.30
City, State, Zip Code <u>MEADEVILLE, MS 39653-0519</u>		3 / 20 / 2009	70.03
		4 / 7 / 2009	63.31
Purpose of Disbursement (Optional) <u>CELL PHONE EXPENSE</u>		Aggregate	
		Year-to-date	
B. Full Name <u>CELLULAR SOUTH</u>		Date	Amount of each
Mailing Address <u>P. O. BOX 519</u>		(Mo., Day, Year)	disbursement this period
		5 / 11 / 2009	63.36
		6 / 8 / 2009	70.14
City, State, Zip Code <u>MEADEVILLE, MS 39653-0519</u>		7 / 7 / 2009	76.55
		8 / 10 / 2009	66.94
Purpose of Disbursement (Optional) <u>CELL PHONE EXPENSE</u>		Aggregate	
		Year-to-date	
C. Full Name <u>CELLULAR SOUTH</u>		Date	Amount of each
Mailing Address <u>P. O. BOX 519</u>		(Mo., Day, Year)	disbursement this period
		9 / 9 / 2009	64.91
		10 / 8 / 2009	63.84
City, State, Zip Code <u>MEADEVILLE, MS 39653-0519</u>		11 / 9 / 2009	74.15
		12 / 9 / 2009	63.20
Purpose of Disbursement (Optional) <u>CELL PHONE EXPENSE</u>		Aggregate	
		Year-to-date	815.09
D. Full Name <u>ELTON WOODARD, CLASS OF 1955</u>		Date	Amount of each
Mailing Address <u>C/O JEAN POPE, 14160 HWY. 26</u>		(Mo., Day, Year)	disbursement this period
		4 / 14 / 2009	300.00
		/ / 2009	
City, State, Zip Code <u>LUCEDALE, MS 39452</u>		/ / 2009	
		/ / 2009	
Purpose of Disbursement (Optional) <u>BENEFIT CONTRIBUTION</u>		Aggregate	
		Year-to-date	300.00
E. Full Name <u>FOUNDATION FOR PUBLIC BROADCASTING</u>		Date	Amount of each
Mailing Address <u>3825 RIDGEWOOD ROAD</u>		(Mo., Day, Year)	disbursement this period
		3 / 26 / 2009	120.00
		12 / 10 / 2009	100.00
City, State, Zip Code <u>JACKSON, MS 39211-6497</u>		/ / 2009	
		/ / 2009	
Purpose of Disbursement (Optional) <u>DONATION</u>		Aggregate	
		Year-to-date	220.00
F. Full Name <u>HORNE CPA GROUP</u>		Date	Amount of each
Mailing Address <u>11259 OLD 63 SOUTH</u>		(Mo., Day, Year)	disbursement this period
		3 / 10 / 2009	750.00
		/ / 2009	
City, State, Zip Code <u>LUCEDALE, MS 39452</u>		/ / 2009	
		/ / 2009	
Purpose of Disbursement (Optional) <u>ACCOUNTING SERVICES</u>		Aggregate	
		Year-to-date	750.00

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## ITEMIZED DISBURSEMENTS

A. Full Name <u>LUCEDALE ROTARY CLUB</u>		Date	Amount of each
Mailing Address <u>P. O. BOX 181</u>		(Mo., Day, Year)	disbursement this period
		3 / 10 / 2009	116.00
		5 / 22 / 2009	107.00
City, State, Zip Code <u>LUCEDALE, MS 39452</u>		8 / 3 / 2009	90.00
		11 / 13 / 2009	118.00
Purpose of Disbursement (Optional) <u>MEMBERSHIP DUES</u>		Aggregate	
		Year-to-date	131.00
B. Full Name <u>MARILYN BOUNDS</u>		Date	Amount of each
Mailing Address <u>136 EVELYN BROWN LANE</u>		(Mo., Day, Year)	disbursement this period
		1 / 9 / 2009	150.00
		1 / 23 / 2009	35.59
City, State, Zip Code <u>LUCEDALE, MS 39452</u>		2 / 6 / 2009	20.22
		4 / 2 / 2009	350.00
Purpose of Disbursement (Optional) <u>ACCOUNTING SERVICES AND REIMBURSEMENT FOR SUPPLIES</u>		Aggregate	
		Year-to-date	
C. Full Name <u>MARILYN BOUNDS</u>		Date	Amount of each
Mailing Address <u>136 EVELYN BROWN LANE</u>		(Mo., Day, Year)	disbursement this period
		7 / 9 / 2009	150.00
		8 / 24 / 2009	34.87
City, State, Zip Code <u>LUCEDALE, MS 39452</u>		10 / 2 / 2009	150.00
		12 / 22 / 2009	39.61
Purpose of Disbursement (Optional) <u>ACCOUNTING SERVICES AND REIMBURSEMENT FOR SUPPLIES</u>		Aggregate	
		Year-to-date	930.29
D. Full Name <u>MISSISSIPPI ENGINEERING SOCIETY</u>		Date	Amount of each
Mailing Address <u>5425 EXECUTIVE PLACE, SUITE D</u>		(Mo., Day, Year)	disbursement this period
		11 / 13 / 2009	285.00
		/ / 2009	
City, State, Zip Code <u>JACKSON, MS 39206</u>		/ / 2009	
		/ / 2009	
Purpose of Disbursement (Optional) <u>DUES</u>		Aggregate	
		Year-to-date	285.00
E. Full Name <u>MSU FOUNDATION</u>		Date	Amount of each
Mailing Address <u>P. O. BOX 6149</u>		(Mo., Day, Year)	disbursement this period
		5 / 4 / 2009	250.00
		11 / 2 / 2009	250.00
City, State, Zip Code <u>MISSISSIPPI STATE, MS 39762</u>		/ / 2009	
		/ / 2009	
Purpose of Disbursement (Optional) <u>DONATION</u>		Aggregate	
		Year-to-date	500.00
F. Full Name <u>PAULA WALTERS</u>		Date	Amount of each
Mailing Address <u>P. O. BOX 551</u>		(Mo., Day, Year)	disbursement this period
		3 / 16 / 2009	1,000.00
		/ / 2009	
City, State, Zip Code <u>HATTIESBURG, MS 39403-0998</u>		/ / 2009	
		/ / 2009	
Purpose of Disbursement (Optional) <u>REIMBURSEMENT FOR RETIREMENT PARTY EXPENSES</u>		Aggregate	
		Year-to-date	1,000.00

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## ITEMIZED DISBURSEMENTS

A. Full Name	QUALITY HOME HEALTH	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P. O. BOX 1909	1 / 26 / 2009	350.00
		2 / 23 / 2009	350.00
City, State, Zip Code	BILOXI, MS 39533	3 / 24 / 2009	350.00
		7 / 2 / 2009	350.00
Purpose of Disbursement (Optional)	OFFICE RENT	Aggregate Year-to-date	
B. Full Name	QUALITY HOME HEALTH	Date Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P. O. BOX 1909	8 / 3 / 2009	350.00
		9 / 24 / 2009	350.00
City, State, Zip Code	BILOXI, MS 39533	10 / 31 / 2009	350.00
		12 / 3 / 2009	350.00
Purpose of Disbursement (Optional)	OFFICE RENT	Aggregate Year-to-date	2,800.00
C. Full Name	ROBERT NORVEL CAMPAIGN	Date Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P. O. BOX 998	5 / 8 / 2009	500.00
		/ / 2009	
City, State, Zip Code	PASCAGOULA, MS 39568-0998	/ / 2009	
		/ / 2009	
Purpose of Disbursement (Optional)	CONTRIBUTION	Aggregate Year-to-date	500.00
D. Full Name	STEVE TWEDT	Date Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P. O. BOX 551	6 / 18 / 2009	400.00
		/ / 2009	
City, State, Zip Code	HATTIESBURG, MS 39403-0551	/ / 2009	
		/ / 2009	
Purpose of Disbursement (Optional)	DONATION TO MDOT SOFTBALL TEAM FOR REFRESHMENTS	Aggregate Year-to-date	400.00
E. Full Name	UNITED STATES POSTMASTER	Date Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	COX STREET	3 / 9 / 2009	93.38
		8 / 24 / 2009	132.26
City, State, Zip Code	LUCEDALE, MS 39452	/ / 2009	
		/ / 2009	
Purpose of Disbursement (Optional)	POSTAGE	Aggregate Year-to-date	226.64
F. Full Name	VERIZON	Date Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P. O. BOX 105378	9 / 24 / 2009	46.27
		11 / 9 / 2009	69.23
City, State, Zip Code	ATLANTA, GA 30348	12 / 3 / 2009	69.05
		/ / 2009	
Purpose of Disbursement (Optional)	CELL PHONE EXPENSE	Aggregate Year-to-date	184.55

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## ITEMIZED DISBURSEMENTS

A. Full Name	WAYNE H. BROWN	Date	Amount of each
		(Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 205	1 / 3 / 2009	116.70
		1 / 9 / 2009	241.79
City, State, Zip Code	LUCEDALE, MS 39452	2 / 9 / 2009	300.00
		2 / 17 / 2009	668.67
Purpose of Disbursement (Optional)	REIMBURSEMENT FOR EXPENSES	Aggregate	
		Year-to-date	
B. Full Name	WAYNE H. BROWN	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 205	2 / 27 / 2009	520.00
		3 / 26 / 2009	110.00
City, State, Zip Code	LUCEDALE, MS 39452	4 / 6 / 2009	142.30
		4 / 24 / 2009	215.52
Purpose of Disbursement (Optional)	REIMBURSEMENT FOR EXPENSES	Aggregate	
		Year-to-date	
C. Full Name	WAYNE H. BROWN	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 205	4 / 30 / 2009	201.14
		5 / 17 / 2009	400.00
City, State, Zip Code	LUCEDALE, MS 39452	5 / 19 / 2009	382.66
		5 / 29 / 2009	381.01
Purpose of Disbursement (Optional)	REIMBURSEMENT FOR EXPENSES	Aggregate	
		Year-to-date	
D. Full Name	WAYNE H. BROWN	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 205	7 / 7 / 2009	288.88
		7 / 18 / 2009	1,915.90
City, State, Zip Code	LUCEDALE, MS 39452	10 / 20 / 2009	105.00
		11 / 23 / 2009	363.95
Purpose of Disbursement (Optional)	REIMBURSEMENT FOR EXPENSES	Aggregate	
		Year-to-date	6,353.52
E. Full Name		Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address		/ / 2009	
		/ / 2009	
City, State, Zip Code		/ / 2009	
		/ / 2009	
Purpose of Disbursement (Optional)		Aggregate	
		Year-to-date	
F. Full Name		Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address		/ / 2009	
		/ / 2009	
City, State, Zip Code		/ / 2009	
		/ / 2009	
Purpose of Disbursement (Optional)		Aggregate	
		Year-to-date	

Name of Candidate or Committee WAYNE H. BROWNReporting period January 1, 2009 through DECEMBER 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date Mo., Date, Year	Amount of each receipt this period
Full Name <u>TANNER FARMS</u>		<u>8 / 24 / 2009</u>	<u>2,000.00</u>
Mailing Address <u>P. O. BOX 460</u>		<u>/ /</u>	
City, State, Zip Code <u>ELLISVILLE, MS 39437</u>		<u>/ /</u>	
Name of Employer (Required) <u>SELF-EMPLOYED</u>		<u>/ /</u>	
Occupation (Required) <u>FARMING</u>		Aggregate year-to-date	<u>2,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date Mo., Date, Year	Amount of each receipt this period
Full Name <u>LAWRENCE W. WARREN</u>		<u>8 / 27 / 2009</u>	<u>1,000.00</u>
Mailing Address <u>P. O. BOX 572</u>		<u>/ /</u>	
City, State, Zip Code <u>HATTIESBURG, MS 39403</u>		<u>/ /</u>	
Name of Employer (Required) <u>WARREN PAVING</u>		<u>/ /</u>	
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	<u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date Mo., Date, Year	Amount of each receipt this period
Full Name <u>WARREN PAVING</u>		<u>8 / 27 / 2009</u>	<u>1,000.00</u>
Mailing Address <u>P. O. BOX 572</u>		<u>/ /</u>	
City, State, Zip Code <u>HATTIESBURG, MS 39403</u>		<u>/ /</u>	
Name of Employer (Required)		<u>/ /</u>	
Occupation (Required) <u>PAVING</u>		Aggregate year-to-date	<u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date Mo., Date, Year	Amount of each receipt this period
Full Name <u>CHEVRON CORPORATION</u>		<u>10 / 7 / 2009</u>	<u>500.00</u>
Mailing Address <u>P. O. BOX 9034</u>		<u>/ /</u>	
City, State, Zip Code <u>CONCORD, CA 94524</u>		<u>/ /</u>	
Name of Employer (Required)		<u>/ /</u>	
Occupation (Required) <u>GAS REFINERY</u>		Aggregate year-to-date	<u>200.00</u>

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## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date Mo. Date, Year	Amount of each receipt this period
Full Name <u>AT&amp;T PAC</u>	12 / 4 / 2009	500.00
Mailing Address <u>175 E. CAPITAL STREET, LANDMARK CENTER</u>	/ /	
City, State, Zip Code <u>JACKSON, MS 39201</u>	/ /	
Name of Employer (Required) <u>AT&amp;T</u>	/ /	
Occupation (Required) <u>TELEPHONE SERVICE</u>	Aggregate year-to-date	500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		
Full Name	/ /	
Mailing Address	/ /	
City, State, Zip Code	/ /	
Name of Employer (Required)	/ /	
Occupation (Required)	Aggregate year-to-date	
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		
Full Name	/ /	
Mailing Address	/ /	
City, State, Zip Code	/ /	
Name of Employer (Required)	/ /	
Occupation (Required)	Aggregate year-to-date	
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		
Full Name	/ /	
Mailing Address	/ /	
City, State, Zip Code	/ /	
Name of Employer (Required)	/ /	
Occupation (Required)	Aggregate year-to-date	